

**MCDB Encounter File Processing  
January 2007 - April 2008 Data**

**P350: Guardian Life Insurance Co. of America  
Based on Data After Final Encounter Processing (2006 - 2007)  
Data Completeness Summary Report**

**Eligible Services: 292,609**  
**Services Submitted: 292,609**

**Source File: P350\_enc5\_dc\_crunch.sas7bdat**  
**File Date: December 5, 2008**

Delivery System	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	18,384	15,495	-15.7	334,578	282,539	-15.6	27,235,318	23,448,414	-13.9
4: Indemnity Care	466	369	-20.8	9,106	6,333	-30.5	893,464	607,431	-32.0
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)	623	776	24.6	3,049	3,737	22.6	54,571	68,766	26.0
<b>Total</b>	<b>18,852</b>	<b>15,878</b>	<b>-15.8</b>	<b>346,733</b>	<b>292,609</b>	<b>-15.6</b>	<b>28,183,353</b>	<b>24,124,611</b>	<b>-14.4</b>

Plan <sup>2</sup>	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	18,433	15,483	-16.0	335,034	281,930	-15.9	27,227,357	23,186,729	-14.8
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	419	395	-5.7	11,699	10,679	-8.7	955,996	937,882	-1.9
<b>Total</b>	<b>18,852</b>	<b>15,878</b>	<b>-15.8</b>	<b>346,733</b>	<b>292,609</b>	<b>-15.6</b>	<b>28,183,353</b>	<b>24,124,611</b>	<b>-14.4</b>

Coverage Type	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	5,304	5,124	-3.4	99,273	93,751	-5.6	7,827,828	7,492,086	-4.3
4: Private Employer Sponsored Insured	12,206	10,962	-10.2	212,458	198,858	-6.4	17,313,099	16,632,525	-3.9
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan	1,504			35,002			3,042,426		
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
<b>Total</b>	<b>18,852</b>	<b>15,878</b>	<b>-15.8</b>	<b>346,733</b>	<b>292,609</b>	<b>-15.6</b>	<b>28,183,353</b>	<b>24,124,611</b>	<b>-14.4</b>

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**NOTES:**

<sup>1</sup> Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.  
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

<sup>2</sup> Rules for categorizing services into a PLAN:

**Non-HMO**

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
  - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
  - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
  - a. Delivery System (DELVTYP) is non-HMO (2-4).
  - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

**HMO Fee for Service:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

**HMO Capitated:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

**Medicare, All Types**

- 1, All services with Coverage Type 1 or 7.